GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

(512) 463-5800

The GPAC Instruction G	uide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commiss 00070203		2 Total pages fil	
3 COMMITTEE NAME	Evolve Austir	1				USE ONLY
					Date Received	OBO K
4 COMMITTEE ADDRESS	PO Box 6383	TE#: CITY; Austin	,	78762		H 8 ESEIV
Change of Address					HD / PM	CLERK ED Amount
5 CAMPAIGN TREASURER NAME		FIRST	· · · · · · · · · · · · · · · · · · ·	MI	Date Processed	.
		ali ndo		SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 411 Brazos Street	ASE); APT/SUITE#; Suite 99	city; s Austin	STATE;	ZIP CODE 78701	
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX; PO Box 6383	APT/SUITE#;	CITY; s	STATE; TX	ZIP CODE 78762	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (512) 297-05		EXTENSION			
9 REPORTTYPE	January 15 July 15	30th day bef	fore election ore election		Dissolution (attach	PAC-DR) gn treasurer termination
10 PERIOD COVERED	Month Day	Year 2014	THROUGH		Month Day	Year / 2014
11 ELECTION City of Austin	ELECTION DATE Month Day Year 12 / 16 / 2014	ELECTION TYI		ff [General	Special
		GO TO PAC	SE 2			

GENERAL-PURPOSE COMMITTEE REPORT
DIIDDOSE AND TOTALS

P.O. Box 12070

FORM GPAC COVER SHEET PG 2

(512) 463-5800

I OKI OOLA	ND IOIAL	·	OCTER ONLE TO E		
12 COMMITTEE NAM Evolve Austin	E		ACCOUNT # (Ethics Commission Filers) 00070207		
13 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY (attach lists on plain	(identify by name or, if applicable,	Sabino "Pio" Renteria (district 3), 2. Jimmy Flannigan (district 6) 3. Jeb Boyt (district 7)			
paper to complete this report if necessary.)	classify by party)	B. Opposed			
		- 212			
	2. Measures	A. Supported			
	(describe by date				
	and location of election and	B. Opposed			
	nature of issue)				
		/			
	3. Officeholders Assisted				
	(identify by name				
	or, if applicable, classify by party)				
14 CONTRIBUTION	1. TOTAL UNITE	EMIZED POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS		OANS, OR GUARANTEES OF LOANS), UNLESS ITEMI if this report qualifies for the higher itemization thresh	1 7		
		LITICAL CONTRIBUTIONS			
		N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$6,700-		
EXPENDITURE	_	· · · · · · · · · · · · · · · · · · ·	-		
TOTALS	3. TOTAL POLIT	FICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$ 0		
	4. TOTAL POL	ITICAL EXPENDITURES	\$ 2.4/7.73		
			\$ 2,467.73 ST DAY \$ 620000 42		
CONTRIBUTION BALANCE		TICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS PORTING PERIOD	\$ 620000 4.2.32.63		
OUTSTANDING	6. TOTAL PRIN	CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C	of the \$ o		
LOAN TOTALS	LAST DAY O	F THE REPORTING PERIOD	\$ 0		
15 AFFIDAVIT			of perjury, that the accompanying udes all information required to be ection code.		
and R. B.	NN FRANKLIN	- Into			
Notary I My C	Public, State of Texas ommission Expires tober 17, 2018	Signature of Ca	mpaign Treasurer		
	لسسس				
AFFIX NOTARY STAME		A 10 1 1			
		by the said On A CARINAD	, this the		
day	of December	, 20 <u>/</u> , to certify which, witness r	ny hand and seal of office.		
\wedge		Λ	A \$ 6		
Um Fran	len	Ann Franklin	Notary		
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath		

		TRIBUT	•
OTHER	THAN P	LEDGES	OR LOANS

P.U. BOX 120/0

SCHEDULE A

	- -	 -		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A: 3
2 FILER NAME	EVOKE ANS FIN		- ·	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		T	8 In-kind contribution description (if applicable)
	LATTY And Mori Jith Wan 6 Contributor address; City; State; Zip Code 105 E. B. H. Sit ANSTI	ingw		1
11/10/14	6 Contributor address; City; State; Zip Code	· TV	2,500	
		210Z	(If Around outeido	CT
				of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions) PER	10 Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 ,	Glen COE MAN	! 	16,00	I
11/17/14	Contributor address; City; State; Zip Code 2521 ElArA Drive		10-	1
•	Austin, TX 787			1
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	instructions)	
E14. C	Consultant / hobbyist		52/8	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In hind contribution
			contribution (\$)	In-kind contribution description (if applicable)
11/19/14	GARNER Stoll Contributor address; City; State; Zip Code 12203 Edwards Hullow	· · · · · · · · · · · · · · · · · · ·	250-00	ĺ
'', 7	12205 Edwards Hullow	RUN		1
	Austin TX 78739		(If travel outside	of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See In	instructions)	
Re	stired	<u></u>	<u></u>	
Date	Full name of contributor cut-of-state PAC (ID#_)	Amount of	In-kind contribution
ı			contribution (\$)	description (if applicable)
	Eric Gott		الكوريد حا	The state of the s
11/19/2014	Eric Goff Contributor address; City; State; Zip Code	,	3,000	1
	2500 E 214 Street		1	<u>.</u>
	Austin, TX 7870	,2	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	,	Amount of	In-kind contribution
	AM BERNARD		contribution (\$)	description (if applicable)
11/20/14	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	1100-00	1
1116917	7140 Chimney CORNE	la la	100 -	l
	Partin TX 78731			l <u>.</u>
Principal occu	The state of the s		· —	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	nstructions)	
<u>لي دور دو</u>	opia	<u> </u>		
	•			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

· ·	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule A: 3
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Evolve Aus	tin PAC	00070207	
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/24/14	Glen Coliman 6 Contributor address; City; State; Zip Code 28 21 EINTA Drisc	15.00	
	Austin. TX 78725	(If travel outside o	f Texas, complete Schedule T)
9 Principal occur		oyer (See Instructions)	,
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/25/14	Contributor address; City; State; Zip Code 1502 Bluebannet	50.00	
	Austin, TX 727		of Texas, complete Schedule T)
Principal occu	epation / Job title (See Instructions) Emplo	oyer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#.) Amount of	In-kind contribution
1.6.	Jenniter How lihAN	contribution (\$)	description (if applicable)
11/26/11	Contributor address; City; State; Zip Code	15.00	
•	12112 ELUZIONE DAV. Austin TX 78748		
Principal occu		oyer (See Instructions)	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Emplo		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	In-kind contribution description (if applicable)
Marland	Contributor address; City; State; Zip Code	100.00	
11/2+/2011	411 BANZOS St. #99	700	
	Austiu, 1x 79101	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) R + Mayurt Emple	oyer (See Instructions)	
Date	Full name of contributor _ out-of-state PAC (ID#: Gay Schumann	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/1/14	Contributor address: City: State: Zip Code 4330 GAINES RANCH Loop	200.00	
	Austin, 1X 18+33	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Emplo	oyer (See Instructions)	
		-	
lf cont	ATTACH ADDITIONAL COPIES OF THIS SO ributor is out-of-state PAC, please see instruction gu		ng requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Evolve Aust	lin		00070207		
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Jude GALLIGAN)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/1/14	6 Contributor address; City; State; Zip Code 603 DAJIS STARLE	-	100-	 	
	Austin TX 787	01	(If travel outside	of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Fullname of contributor out-of-state PAC (ID#:_	1 C K	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/2/14	Contributor address; City; State; Zip Code		25.00	<u> </u> 	
	4609 Pankusood Rd AUSTIN, TX 78	722	(If travel outside	of Texas, complete Schedule T)	
Principal occu	upation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_ MA KEO BARNS TO NE		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/2/14	Contributor address; City: State: Zip Code 3917 The EAJgill St	reet	100-09	 	
	Austin, TX 7872	? 3	(If travel outside	I of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 -	
			_		
Principal occu	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			l	
				I	
	·		(If traval autoids	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		or revas, complete scriedule 1)	
If cont	ATTACH ADDITIONAL COPIES O	-		ng requirements.	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME EVOLUE AWTIN 00070207 4 **TOTAL OF UNITEMIZED PLEDGES:** ₽ Amount of 9 In-kind description Full name of pledgor 5 Date ut-of-state PAC (ID#: pledge (\$) (if applicable) 7 Pledgor address; City: State: Zip Code (If yavel outside of Texas, complete Schedule T) 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Amount of In-kind description Full name of pledgor Date out-of-state PAC (ID#: pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind description ut-of-state PAG(ID#: (if applicable) pledge (\$) City: State: Zip Code Pledgor address: (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of In-kind description (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind description out-of-state PAC (ID#: pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(512) 463-5800

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C-1

(for use by committees that support or oppose measures only)						
	•	The Instruction Guide explains how to complete this form.	1 Total pages Sch	edule C-1:		
2	FILER NAI	ME EUDLUCE ANSTIN	1	thics Commission Filers)		
4	Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
		6 Corporation / Labor Organization address; City; State; Zip Code		<u> </u> 		
			(If travel outside	of Texas, complete Schedule T)		
	Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Corporation / Labor Organization address; City; State; Zip Code		<u> </u> 		
				1		
			(If travel outside	of Texas, complete Schedule T)		
	Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Corporation / Labor Organization address; City; State; Zip Code				
			/If tenural autoida	of Toyon complete Schoolide T		
_		/	(II travel outside	of Texas, complete Schedule T)		
	Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Corporation / Labor Organization address; City; State; Zip Code		<u> </u> 		
			(If travel outside	of Texas, complete Schedule T)		
	Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Corporation / Labor Organization address; City; State; Zip Code				
			(If travel outside	of Texas, complete Schedule T)		
	Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Corporation / Labor Organization address; City; State; Zip Code				
		ATTACH ADDITIONAL CODIES OF THIS SCHEDULE		of Texas, complete Schedule T)		
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CORPORATION OR LABOR ORGANIZATION SUPPORT

SCHEDULE C-2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C-2:
FILER NAME	Evolur Austin	3 ACCOUNT # (Ethics Commission Filers
Date	5 Corporation / Labor Organization name	6 Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
/ Date	Corporation / Labor Organization name	Amount (\$)

(512) 463-5800

PLEDGED CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS**

P.O. Box 12070

SCHEDULE D

			
	The Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule D:
2 FILER NA	Evolue Austins	3 ACCOUNT # (1	Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address: City; State; Zip Code]
		(If travel outside o	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation Labor Organization address; City; State; Zip Code		
		(If travel outside of	of Texas, complete Schedule T)

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P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Schedule E:
2 FILER NAME	EVO lue Austin	,		JNT # (Ethics Commission Filers) の子のこの子
4 TOTA	L OF UNITEMIZED LOANS:		⇔	\$ -00 -
5 Date of loan	7 Name of lender	out-of-state PAC ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral			
none				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N	/			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral			
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable		State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE ruction guide for additional rep		quirements.

P.O. Box 12070 Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Solicitation/Fundr Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to come a company of the company	aising Expense rict Rental Expense	OTHER (enter a categor	nt & Related Made By ler/Political Committee		
1 Total pages Schedule F:	2 FILER NAME	•	3 ACCOUNT # (E	thics Commission Filers)		
<u>ろ</u>	Evolve Austin		00070207			
4 Date 11/4/2014	Thompson & Knight, LLF	>				
6 Amount (\$) 1,060	7 Payee address; City; State; Zip Code	A 35				
Expenditure from corporate funds	98 San Taunto Blvd #1900	Austin, T	X 18101			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)		
OF Expenditure	Legal services	1	ustin, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt	Office held		
Date	Payee name					
Amount (\$) 150 A	Payee address: City: State: Zip Code					
Expenditure from		#613 /	Austin, Tx	78749		
corporate funds		1				
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule)	_Mat	(If travel cuitside of Texas,			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough		Office held		
11/17/2014	Camila Pulcuis					
Amount (\$) 62.00	Payee address; City; State; Zip Code	A a.				
Expenditure from corporate funds	4100 Victory Dr. #345	tustin,	Tx 78704			
PURPOSE OF EXPENDITURE	Category (See categories Histed at the top of this Contract Reimbursument	P.O. F.	(If travel outside of Texas, 30 K austin, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt	Office held		
Date 11/17/2014	Camila Pulcuo					
Amount (\$) 200.00	Payee address; City; State; Zip Code			N		
Expenditure from corporate funds	4100 Victory Dr. #345	Anshi	7, TX 7871)4		
PURPOSE	Category (See categories listed at the top of this	Description	(If travel outside of Texas,	complete Schedule T)		
OF Expenditure	Contract fabor	│ ☐ Check if A	ustin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/C Expense Solicitation/Fundr Legal Services Travel In District Food/Beverage Expense Travel Out Of Dist Polling Expense Office Overhead/F Printing Expense The Instruction Guide explains how to c	contract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense rict Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)					
1 Total pages Schedule F:	2 FILER NAME Solve Austin 3 ACCOUNT # (Ethics Commission File 00070207						
4 Date 17 /2014	100/11/11/2011						
6 Amount (\$) 2700.00 Expenditure from corporate funds	7 Payee address: City: State: Zip Code P. O. Box 5693 Austin, Tx 78763						
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)					
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct							
Date 11/17/2014	Payee name VUKA						
Amount (\$) 100.00	Payee address; City; State; Zip Code						
Expenditure from corporate funds	411 Monroe St. W. Austin, TX 78704						
PURPÖSE OF Expenditure	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Yenta Noon Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held					
Date 11/17/2014	Payee name Angulo						
Amount (\$) 12.80	Payee address; City; State; Zip Code	. 707.40					
Expenditure from corporate funds							
PURPOSE OF	Category (See categories listed at the top of this schedule) On nixat Labr	Description (If travel outside of Texas, complete Schedule T) Art for website					
EXPENDITURE	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held					
Date 11/24/2014	Payee name VUKA						
Amount (\$) 120.00 Payee address; City: State; Zip Code							
Expenditure from corporate funds	411 Monne St. W. Aus	stin, TX 78704					
PURPOSE	Category (See categories listed at the top of this schedule)	Dec poom KNAA ledule T)					
OF Expenditure	rental expense	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	<u> </u>					
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/C	• • •				
Accounting/Banking	Expense Solicitation/Fundraising Expense Transportation Equipment & Related					
Consulting Expense	Legal Services Travel In District Expense Food/Beverage Expense Travel Out Of District Contributions/Donations Made By					
Event Expense	Polling Expense Office Overhead/F	Candidate/Officeholder/Political Committee				
Fees	Printing Expense	OTHER (enter a category not listed above)				
•••	The Instruction Guide explains how to c					
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)				
	Evolve Austin	00070207				
4 Date 12/2/21/4	5 Payee name					
12/0/2011	Vuka					
6 Amount (\$) /55, 50	7 Pavee address: City: State: Zip Code					
0 Amount (4) 700, 80		1 70701				
Expenditure from corporate funds	411 monroe St. W. Au.	3707, 1X -18709				
8	(a) Category (See categories listed at the top of this	(b) Description (If travel outside of Texas, complete Schedule T)				
PURPOSE	schedule)	room rental				
EXPENDITURE	rental expense	Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name	Office sought Office held				
9 Complete ONLY if direct expenditure to benefit C/C		Cince sought Cince held				
Date 12 5 2016	Payee name /	•				
12/2/21	Camila Pulecia					
	00017000					
Amount (\$) 196.00	Payee address; City; State; Zip Code	4				
Expenditure from corporate funds	4100 Victory Dr. #345 1	Austin, TX 78704				
SUSBOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	schedule)	Labor November				
EXPENDITURE	Contract labor	Check if Austin, TX, officeholder living expense				
O a section ONLY IS disease.	Candidate / Officeholder name	Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought				
Date 17 16 2014	Payee name / /					
12/4/2011	(amile Pulcus					
Amount (\$) 111 20	Payee address; City; State; Zip Code	*****				
14.73						
Expenditure from corporate funds	4100 Victory Dr. #345	Austin, Tx 78704				
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)				
OF	schedule)	- food for meeting				
EXPENDITURE	reimbursement	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held				
Data	Davis name					
Date	Payee name					
Amount (\$)	Payee address; City, State; Zip Code					
	\ .					
Expenditure from corporate funds						
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)				
OF	schedule)					
EXPENDITURE		Check if Austin, TX, officeholder living expense				
Complete Chilly if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/	Complete CIALL II direct					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how	v to complete this form.			
1 Total pages Schedule I:	E VOIUE AUSTIN	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$) Expenditure from corporate funds	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
Date	Payee name				
Arnount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	OF Control of the con				
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Arnount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

(TDD 1-800-735-2989)

ı				
	The	edule J:		
2	FILER NAME	EVOLUE AUSTIN	1	thics Commission Filers)
4	Date Returned	5 Original payee name		7 Amount Returned (\$)
		6 Original payee address; City; State; Zip Code		-0-
	Date Returned	Original payee name	ı.	Amount Returned (\$)
		Original payee address; City; State; Zip Code		
	Date Returned	Original payee name		Amount Returned (\$)
:		Original payee address; City; State; Zip Code		
	Date Returned	Original payee name	J**4	Amount Returned (\$)
		Original payee address; City; State; Zip Code		
	Date Returned	Original payee name		Amount Returned (\$)
		Original payee address; City; State; Zip Code	, ,	
	Date Returned	Original payee name		Amount Returned (\$)
	/	Original payee address; City; State; Zip Code		
	Date Returned	Original payee name		Amount Returned (\$)
		Original payee address; City; State; Zip Code		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	

(512) 463-5800

SCHEDULE K

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME	EVOLUE QUETIN	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State; Zip Code			
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City, State; Zip Code			
	Purpose for which amount is received			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)		
	Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instru	uction Guide	explains how to	complete this form	n.	1 Total pages Sch	edule T:
2 FILER NAME	Vo / UC	= Aus	fins		3 ACCOUNT # (E	thics Commission Filers) ろえのす
4 Name of Contributor /	/ Corporation	or Labor Organizatio	ก / Pledgor / Payee		NON	e -
5 Contribution / Expend	liture reported	i on:				
Sch	hedule A	Schedule B	Schedule C	Schedule	D Sched	ule F Schedule G
Sch	hedule H	Schedule N	Сон-пс	сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name o	f person(s) traveling				
	8 Departu	re city or name of de	parture location			
	9 Destinat	ion city or name of d	estination location			
10 Means of transportati	ion	11 Purpose of trav	el (including name o	of conference, se	minar, or other eve	ent)
Name of Contributor / 0	Corporation o	r Labor Organizatior	/ Pledgor / Payee			
Contribution / Expendit	ure reported	on:		<i></i>		
Sch	nedule A	Schedule B	Schedule C	Schedule	D Sched	ule F Schedule G
Sch	hedule H	Schedule N	COM-UC	сон-т	PAC-0	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of depa	rture location			
	Destination	n city or name of des	tination location			i
Means of transportation	ו	Purpose of travel	(including name of	conference, semi	nar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expendit	ture reported	on:				
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedu	ule F Schedule G
Sch	nedule H	Schedule N	Сон-пс	🔲 сон-т	PAC-C	; PAC-E
Dates of travel	Name of p	erson(s) traveling				-
	Departure	city or name of depa	ture location			
	Destination	city or name of desi	tination location			
Means of transportation	1	Purpose of travel	(including name of	conference, semi	inar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

The Instruction Guide explains how to complete this form.

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

P.O. Box 12070

FORM,PAC - DR

(TDD 1-800-735-2989)

-- Complete only if "Report Type" on page 1 is marked "Dissolution"

1 COMMITTEE NAME

2/ACCOUNT # (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAMF / SEAL ABOVE

Sworn to and subscribed before me, by the said ______, this the

_____, 20 _____, to certify which, witness my hand and seal of office. day of _

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath